

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4063AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2009
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 11/4/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of D.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons. The census at the time of the survey was eight. Eight resident files were reviewed and five employee files were reviewed.</p> <p>Complaint #NV00023478 was substantiated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 053 SS=F	<p>449.194(4) Administrator's Responsibilities-Complete Rec</p> <p>NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.</p> <p>This Regulation is not met as evidenced by:</p>	Y 053		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 053	Continued From page 1 Surveyor: 28384 Based on record review, observation and interview on 11/4/09, the administrator failed to keep the records of the facility complete and accurate. (Reference Tags Y895 and Y878). Severity: 2 Scope: 3	Y 053			
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview and record review on 11/4/09, the facility failed to ensure that 3 of 4 caregivers received eight hours of annual training (Employee #2, #3 and #5). This was a repeat deficiency from the 9/17/08 State Licensure survey. Severity: 2 Scope: 3	Y 070			
Y 072 SS=D	449.196(3) Qualifications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver	Y 072			

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Y 085	Continued From page 3 This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview on 11/4/05 and telephone calls on 11/5/09, the administrator failed to ensure that a qualified caregiver was on duty at all times. Findings include: On 11/4/09, Employee #3, caregiver, stated she had gone to the store to pick up something for lunch that day and had left Employee #5 alone to watch the residents. Employee #3 estimated her absence to be 30-40 minutes. Later this same day, it was discussed with the manager that Employee #5 was not a qualified caregiver and could not be left alone with residents. Reference Tags (Y070, Y085, Y103, Y105 and Y106). On 11/5/09, the surveyor called the facility attempting to speak to Employee #2 or #3. Employee #5 answered the telephone at 3:00 PM and stated Employee #2 and #3 were not available. When surveyor called again at 4:20 PM, Employee #5 reported she was the only caregiver in the facility. She stated that Employee #3 had completed her shift and left about 3:20 PM and that Employee #2 had taken Resident #5 to the physician and had left at 2:00 PM. Employee #5 was uncertain when another caregiver would be in the facility and suggested calling again after 6:00 PM. Severity: 3 Scope: 3	Y 085		
Y 101 SS=B	449.200(1)(b) Personnel File - date of hire	Y 101		

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Y 101	Continued From page 4 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/4/09, there was no hire date listed in the file for 2 of 4 employees (Employee #3 and #5). Severity: 1 Scope: 2	Y 101		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/4/09, the facility failed to ensure 2 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB)	Y 103		

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Y 103	Continued From page 5 testing for the protection of all residents (Employee #3 and #5). This was a repeat deficiency from the 9/17/08 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 11/4/09, the facility failed to ensure 3 of 4 caregivers met background check requirements (Employee #2 - State report, #3 and #5 - Fingerprints, State and FBI reports). This was a repeat deficiency from the 6/22/09 State Licensure survey. Severity: 2 Scope: 3	Y 105			
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,	Y 106			

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Y 106	Continued From page 6 (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview and record review on 11/4/09, the facility failed to ensure the only caregiver on duty (Employee #5) had completed training in first aid and cardiopulmonary resuscitation (CPR), affecting all eight residents (Resident #1, #2, #3, #4, #5, #6, #7, #8). Reference Tag Y106 This was a repeat deficiency from the 9/17/08 State Licensure survey. Severity: 2 Scope: 3	Y 106			
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.	Y 877			

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Y 877	Continued From page 7	Y 877			
Y 878 SS=H	<p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 11/4/09, the facility did not obtain physician orders to administer over-the-counter (OTC) medications to 1 of 8 residents (Resident #1-Metamucil and Robitussin).</p> <p>Severity: 2 Scope: 1</p> <p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interviews on 11/4/09, the facility failed to ensure that 3 of 8 residents received medications as prescribed (Resident #6, #7 and #8).</p>	Y 878			

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Y 878	Continued From page 8 Findings include: Resident #6 - Isosorbide Mono ER 30 milligrams was prescribed to be taken one table daily; this medication was not in resident's medication bin and was not found in the home. Employee #2 stated Resident #6 has not received this medication for approximately seven days. Resident #7 was prescribed Lactulose 30 (cc) to be taken as needed at bedtime, Senna two tablets daily and Docolax suppositories. Employee #2 stated the facility had been giving Resident #7 Tums and Vegetable Laxative in lieu of the prescribed medications. Employee #2 was unable to explain why the prescribed medications had not been given. Resident #8 - Multivitamin Complex one tablet per day and Finasteride 5 milligrams daily were prescribed by the physician. The Multivitamins were not in Resident #8's medication bin and could not be located in the home. Employee #2 acknowledged the Multivitamins had not been given in over a week. Employee #2 had no explanation for the missing medication. Finasteride was also missing from Resident #8's medication bin and was not found in the home. Employee #2 stated the Finasteride had not been given for 1-2 weeks. Reference Tags Y895 and Y053. Severity: 3 Scope: 2	Y 878		
Y 883 SS=E	449.2742(7) Medication / Resident Refusal NAC 449.2742	Y 883		

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Y 883	Continued From page 9 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 11/4/09, the facility failed to ensure the physician was notified within 12 hours after a medication was missed or refused for 3 of 8 Residents. Findings include: Employee #2 stated Resident #8's medication (Finasteride) had been delayed and the physician was notified via telephone, however there was no documentation of the physician notification. Resident #8's other medication was not in their bin and the doctor was not notified. Residents #6 and Resident #7 did not have certain prescribed medications in their bin and there was no evidence the doctor was notified the residents had not received their medications. Reference Tags Y895, Y878 and Y053. Severity: 2 Scope: 2	Y 883			
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the	Y 885			

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Y 885	Continued From page 10 medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and interview on 11/4/09, the facility failed to destroy medications for residents after they were discontinued, had expired or after a resident had been transferred. A large bag containing discontinued medications was stored in the kitchen in an unlocked cabinet. Severity: 2 Scope: 3	Y 885			
Y 895 SS=F	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of	Y 895			

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Y 895	<p>Continued From page 11</p> <p>medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interviews on 11/4/09, the facility failed to ensure the medication administration record (MAR) was accurate for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7 and #8). Reference Tag Y878 and Tag Y053.</p> <p>Findings include:</p> <p>Medications that had been initialed as having been administered when the medications had not been refilled and were not available for administration (Resident #6 - Isosorbide; Resident #7 Lactulose; and Resident #8 Multivitamins and Finasteride).</p> <p>This was a repeat deficiency from the 6/22/09 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 895			

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